IOWA DEPARTMENT OF PUBLIC HEALTH BUREAU OF RADIOLOGICAL HEALTH

LIMITED "PERMIT TO PRACTICE" APPLICATION Revised 12-2012

Instructions for completing this form:

- 1. Print or type the required information. Provide the appropriate document(s).
- 2. Send the completed form, and send with the required training certificates, and a <u>check or money order for \$60</u> made payable to IDPH to:

Iowa Department of Public Health, Bureau of Radiological Health Lucas State Office Building, 5th Floor, 321 East 12th Street, Des Moines, IA 50319

If you have any questions, please contact:			
A. Applicant's Name:			
Home Mailing Address:	email address		
City:	State:	Zip:	
Date of Birth:	of Birth: Social Security #:		
B. This application is for a: [] Limited Permit in: [] Chest [] Ex	xtremities [] Spines [] Sh		
**Please include a copy of your limited train **You must have passed the limited certification.	ation examination before submitting	••	
If you have a current, expired, or inactive pe	ermit or license in another state, pleas	se provide the state and type of	
license:			
C.			
Current Employer :	Phone numb	per	
Employer's Address:			
City:	State:Zip:		
If you are not currently working in radiograp address of your last employer and the dates		erapy, please provide the name and	
Date:Employer:			
Employer address:			

or diso	Do you have a medical condition(s) which in any way impair or by this application? "Medical condition" means any physiological rder, including drug addiction and alcoholism. If yes, provide a description of your condition and submit a letter feet your ability to perform as a permit holder.	, mental, or psychological condition, impairment, []yes [] no	
2.	Have you within the past 5 years engaged in the illegal or improp	per use of drugs or other chemical substance? []yes [] no	
status. holder.	If yes, provide a letter from your physician or treatment progra The letter should also include a statement that your condition v	am that identifies your current or past treatment	
3. traffic	Have you ever been convicted of, or entered a plea of no contest violations with fines under \$100). You must answer "yes" even if	· · · · · · · · · · · · · · · · · · ·	
	If yes, include the date, location, charge, court disposition and arge was a crime against a person (i.e. assault, domestic abuse) tion records.	current status (i.e. probation) for each charge. If	
4. placed	Has any state or jurisdiction of the United States or any other on probation, suspended, revoked, or otherwise disciplined a profe		
	If yes, include date, location, reason, current status, etc.	į jyes į jilo	
5. radiogr	Have you professional suits ever been filed against you as rapher, nuclear medicine technologist, radiation therapist, or radiol []yes [] no If yes, include the date, location, reason, resolution, etc.		
6.	Have any judgments or settlements been paid on your behalf as a [] yes []no If yes, include the date, location, reason, resolutions, etc.	result of a professional liability case?	
7.	Have you ever had a license or permit suspended or revoked from <i>If yes, provide a description of the circumstances</i> .	n a state or certification body? [] yes [] no	
obligat	Privacy Act Notice : Disclosure of your social security number (13) and Iowa Code § 252J.8(1). The number will be used in ions and as an internal means to accurately identify licensees, and including Iowa Code § 421.18.	connection with the collection of child support may be shared with taxing authorities as allowed	
1.	I will allow a representative of the Iowa Department of Public H		
2.	I meet the training standards if necessary. I understand this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.		
3.	I understand that submitting false information on this application may result in revocation of the permit.		
4. 5.	I will not perform procedures differing from the categories that I have applied for. The information provided on this form and enclosure(s) is truthful and accurate.		
Signati	re of Applicant	Date	